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NO. 787 P. 1

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FACSIMILE COVER SHEET

DATE: November 30, 2006

TO: MS: ISSUE FEE **FAX NO.:** (571) 273-2885

FROM: Jeffrey G. Toler
Reg. No.: 38,342

RE U.S. App. No.: 09/826,552, filed April 4, 2001

Applicant(s): Duane E. Tiemann, et al.

Atty Dkt No.: 1033-PRGY0102270

Title: METHOD, SYSTEM, AND SOFTWARE FOR TRANSMISSION OF
INFORMATION

NO. OF PAGES (including Cover Sheet): 7

MESSAGE:

Attached please find:

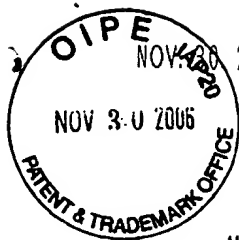
- ☒ Transmittal Form (1 pg)
- ☒ Issue Fee Transmittal (in duplicate) (2 pgs)
- ☒ Revocation and POA, Change of Correspondence Address & Appointment
of New POA (1 pg)
- ☒ Secretary's Certificate (1 pg)
- ☒ Fee Address Indication Form (1 pg)

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NO. 787 P. 2

PTO/SB/21 (09-08)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/826,552	
	Filing Date	April 4, 2001	
	First Named Inventor	Duane E. Tiemann	
	Art Unit	2153	
	Examiner Name	LIM, Krishna	
Total Number of Pages in This Submission	7	Attorney Docket Number	1033-PRGY0102270

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Address Indication Form; Secretary's Certificate
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TOLER SCHAFFER, LLP		
Signature			
Printed name	Jeffrey G. Toler		
Date	11-29-2006	Reg. No.	38,342

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Date	November 30, 2006

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